

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION  
SOUTH CAROLINA STATE APPROVING AGENCY**

1122 Lady Street, Suite 300, Columbia, SC 29201  
Voice: (803) 737-2260 Fax: (803) 737-2297

**APPLICATION 3675**

Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ FAC: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
Street City State Zip

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Voice: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Institution: ☐ Profit ☐ Non-profit ☐ Tax Supported

<u>Name of Program / Course (if Course Approval, Include Delivery Method)</u>	<u>Current Catalog Page Number (or attach display)</u> <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	<u>Effective Date (mm/dd/yyyy)</u>
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
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I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

☐ 3676 Application Worksheet is attached and accurate. *Initials:* \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title